Form # 140 Page 1 of 2

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION AASK COHORT STUDY MEDICATION FORM # 140

This form should be <i>entered</i> changes to this form should b				edicatio	ns shoul	d be revi	ewed and an
						-	
1. Identification Number 2. 1	Name Code	3.	Visit Numl	er	4. Visit I	Date: mm/dd/	уууу
5. Medication adjustment record each drug being added or cha frequency. You will be able to be deleted from the form by pressing the Shift + F6 keys. Note: For non-standard dosing Insuling and Procrit should be should equal the number of injections, and "Per What" should record these two categories of multiple for "Per What?", code 1=per For "Medication Schedule", cand evening, 5 = morning, after the set of the se	nged by medoenter as may placing the placing the recorded as units per injudiced equal conditions. If day, 2=per code 1 = more ternoon, and	e the amos close as ection, "I day, week, 3= ning/wake	ame and ations as on the mount of dr possible How Ofte, month, per mont e-up, 2 = 6 = more	dose, cur you need edication ug per da to what en" shou or as nee h, and 4= afternoon ning, afte	rent dosag . A discon name and ay, week of the patient ld be equal ded (PRN) =as needed n, 3 = even ernoon, even	ge of the detinued med dose to a month is taking all to the file. Do not the file.	lrug and current edication should be deleted and secorrect. Also, "How Many requency of the record volume one, 4 = morning time, 7 = PRN
8 =other, 9 = unknown. Note time it is.	, morning is	wnen the	participa	int first w	akes up to	or the day,	, no matter wha
sure to ask about over-the-counter							Medication
	r drugs, vita	mins, sup	plements ROA	How Many?	How Often?	Per What?	Medication Schedule
sure to ask about over-the-counter				How	How	Per	E .
sure to ask about over-the-counter				How Many?	How Often?	Per What?	Schedule
sure to ask about over-the-counter				How Many?	How Often?	Per What?	Schedule
sure to ask about over-the-counter				How Many?	How Often?	Per What?	Schedule
sure to ask about over-the-counter				How Many?	How Often?	Per What?	Schedule
Sure to ask about over-the-counter Medication Name and Dose	Form	Strength	ROA	How Many? How- many	How Often? How- OFKen	Per What?	Schedule
Sure to ask about over-the-counter Medication Name and Dose	Form	Strength d/yyyy) .	ROA	How Many? How- many	How Often?	Per What?	Schedule

Revision of 03/22/2004 ID	Date//	Form # 140
•		Page 2 of 2

Continued: Be sure to ask about over-the-counter drugs, vitamins, supplements, and antioxidants.

Medication Name and Dose	Forms	Strength	ROA	How Many?	How Often?	Per What?	Medication Schedule
	10 3 A 10 a 2 3 A						
						-	
			200				
	1 (12)						
		20.3					